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CONFIRMATION NO. 2236

<b>SERIAL NUMBER</b> 10/780,272	<b>FILING OR 371(c) DATE</b> 02/17/2004 <b>RULE</b>	<b>CLASS</b> 219	<b>GROUP ART UNIT</b> 3742	<b>ATTORNEY DOCKET NO.</b> 27392/27597
<b>APPLICANTS</b> Gerhard Schmid, Mittellbiberach, GERMANY; <b>** CONTINUING DATA *****</b> <i>fm</i> <i>ok</i> <b>** FOREIGN APPLICATIONS *****</b> <i>u</i> GERMANY 103 06 798.1 02/18/2003 <i>ok</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/08/2004</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>mtc</i> <i>Ma</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 17
			<b>INDEPENDENT CLAIMS</b> 2	
<b>ADDRESS</b> 04743				
<b>TITLE</b> Control circuit for a dental handpiece				
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	